

University of Pittsburgh Meningitis Vaccine Form

Name: _____

Home Address: _____

I have read and voluntarily signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Signature: _____ Date: _____

Name of parent/guardian if student is under 18 years of age (please print):

*****PLEASE READ CAREFULLY*****

I understand that under Pennsylvania law, students enrolled in a Pennsylvania institution of higher education and who reside in University-operated student housing are required to be vaccinated against meningococcal disease or seek exemption from this law.

I have read the informational material from the Student Health Service. I acknowledge the detrimental health effects of the disease. Lastly, I have read and understand the availability and effects of the vaccine, which is also available through the Student Health Service.

Please check one box only:

YES, I received the meningococcal (bacterial meningitis) vaccine.

NO, I have not received the vaccine but intend to, or I do not wish to be vaccinated against meningococcal disease at this time and I voluntarily agree to release, discharge, indemnify, and hold harmless the University of Pittsburgh, its officers, trustees, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my not being vaccinated against meningococcal disease. I have not received the meningitis vaccine as of this date, and I waive the meningitis vaccine.

Please complete and return entire form in the enclosed envelope.

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